

# Health and Family Planning Overview

## MALAWI



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Population:	9.9 million (DHS 2000)
Infant Mortality Rate:	104 (DHS 2000)
DPT3 Coverage:	84.2%, children 12–23 mos. (DHS 2000)
Nutrition:	49% stunting, children 0–59 mos. (DHS 2000)
Total Fertility Rate:	6.2 (DHS 2000)
Maternal Mortality Ratio:	1,120 (DHS 2000)
Contraceptive Prevalence Rate:	26.1%, all women, modern methods (DHS 2000)
Adult HIV Prevalence:	15% (UNAIDS 2001)
Current Living AIDS Orphans:	470,000 (UNAIDS 2001)
Demographic and Health Surveys:	1992, 1996 (KAP), 2000
Multi-Indicator Cluster Surveys:	1995

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### Country Profile

Malawi remains one of USAID's best development partners. After decades of one-party autocracy, Malawi is making a dramatic yet peaceful transition to multiparty democracy. Although the transition stumbles at times, the country has remained generally peaceful. With limited institutional and human resources, however, Malawi has yet to overcome many obstacles to fuller social development. The country's fertility, infant mortality, and HIV infection rates, for example, are among the highest in the world.

**HIV/AIDS in Malawi.** The HIV/AIDS epidemic continues to take its toll on individuals, communities, and the nation's institutional and human resources. The country has one of the most severe epidemics in sub-Saharan Africa. Approximately 15 percent of the adult population is estimated to be infected. The leading cause of adult death, AIDS has already reduced life expectancy from 52 to 39 years. AIDS deaths exacerbate shortages of personnel and have the potential to cripple economic development. Overall, the policy environment has improved, according to the results of the AIDS Program Effort Index. Malawi's president and government officials continue to demonstrate strong support for the five-year national HIV/AIDS program. The recent upsurge in requests for voluntary counseling and testing (VCT) is an indication that attitude and behavior changes may be on the way.

### USAID Strategy

Consistent with overall Mission objectives, USAID/Malawi's population and health strategic objective (SO) focuses on decentralization, community participation, and empowering local health providers. Health and population activities target specific districts while working at the national level to develop policies, guidelines, and tools. The results of the 2000 Malawi DHS indicate that SO performance exceeded expectations over its five-year life. The DHS reported that the total fertility rate declined to 6.2 in 2000, while contraceptive prevalence and infant and child mortality rates surpassed SO targets. Health and population activities work at the national level developing reproductive health (RH) policy, service delivery guidelines, strategies, and quality improvement tools. Specific districts are targeted to improve the infrastructure to manage RH/HIV/AIDS activities and improve service quality.

**Strategic Objective:** Behaviors adopted that reduce fertility and risk of HIV/AIDS transmission and improve child health

#### Intermediate Results:

- Reduced fertility
- Reduced new HIV infections
- Reduced impact of HIV/AIDS
- Reduced maternal and child morbidity
- Increased effectiveness of health care systems



## Major Program Areas

**HIV/AIDS.** The HIV/AIDS epidemic in Malawi continues to mount, and the government is making a considerable effort to stop it. USAID support was crucial in developing the current five-year national strategic framework for HIV/AIDS, and USAID continues to help develop and support community responses. USAID-funded activities have expanded to include administrative capacity building in more rural communities and villages, and increasing numbers of community-based organizations and Ministry of Health service providers are able to provide a full range of HIV/AIDS services. Technical support has helped redesign a training manual for home-based care to include recent recommendations. USAID has provided financial and technical support for the development of a national HIV/AIDS policy and a behavior change communication strategy. With the U.S. Centers for Disease Control and Prevention (CDC), USAID has helped develop national guidelines and training protocols for expanded VCT services using rapid test kits. Additionally, coverage and demand for condoms through a national social marketing program increased.

**Health and Family Planning.** The 2000 target for couple-years of protection was exceeded by 48,635, a clear success in family planning service delivery. Access to the full range of family planning services increased, with 33 hospitals across the country (four less than the target figure) now providing comprehensive services. Based on the 2000 MDHS, 30 percent of married women have an unmet need for family planning. Combined with the 31 percent of married women currently using a contraceptive method, the total demand comprises 60 percent of married women. At present, 51 percent of the potential demand for family planning is being met. Consistent with the emphasis in health sector reform on decentralization, USAID/Malawi concentrates on working with district health office staff to improve client services through improved management, support systems, health service delivery, and quality assurance. Integrated Management of Childhood Illnesses (IMCI) was implemented in one district and launched in four others. In rural villages, 178 drug revolving funds supply malaria medications and oral rehydration salts (ORS). The Blantyre Integrated Malaria Initiative, a partnership of CDC and the District Health Management Team in Blantyre, continues to produce best practices for malaria control and strengthened capacity. These practices have been taken up throughout Malawi, contributing to the impressive reduction in child mortality rates in the recent DHS.

## Results

- The number of client visits to VCT centers in 2001 nearly doubled from 2000.
- Social marketing sales of condoms exceeded the target of 6 million by 200,000.
- Social marketing sales of insecticide-treated bed nets (ITNs), ITN retreatment kits, and ORS have exceeded targets.
- Training in IMCI has been completed in three districts. Personnel in five districts have been trained in information, education, and communication methods for imparting behavior change messages.
- The infant and child mortality rates both declined between 1996 and 2000.
- Between 1996 and 2000, contraceptive prevalence nearly doubled from 14 to 26 percent.
- The first comprehensive national reproductive health policy and service delivery guidelines were developed and approved by the Ministry of Health and Population.
- A national post-abortion care (PAC) strategy and guidelines were developed. Trainers were trained, and 14 sites now provide comprehensive PAC services.
- A standardized RH curriculum for use in preservice institutions has been finalized.
- National trainers received training in female and male sterilization and Norplant insertion.
- To address human resource difficulties, support was provided for establishing an electronic nursing registry with the Nurses and Midwives Council. The registry will help determine the number and location of registered nurses and midwives.

## Major Implementing Partners

USAID/Malawi's partners in implementing population, health, and nutrition activities include Save the Children, the International Eye Foundation, Project HOPE, Africare, Population Services International, EngenderHealth, JHPIEGO, University Research Co. Center for Human Services, the Futures Group International, Macro International, Abt Associates, CDC, the U.S. Bureau of the Census, and John Snow, Inc.



*This USAID Health and Family Planning Overview was prepared for the Bureau for Africa, Office of Sustainable Development, by the Population, Health and Nutrition Information Project (PHNIP). Questions and comments can be directed to PHNIP ([info@phnip.com](mailto:info@phnip.com)).*

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